

**DEPARTMENT OF HEALTH CARE SERVICES**  
**LEGISLATIVE SUMMARY**  
**2007**

Compiled by the  
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# LEGISLATIVE SUMMARY 2007

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## 2007 DEPARTMENT OF HEALTH CARE SERVICES ADMINISTRATION-SPONSORED LEGISLATION

<u>BILL #</u>	<u>AUTHOR</u>	<u>CHAPTER</u>	<u>SUBJECT</u>
AB 1750	Committee on Health	577	Health

# **INDEX OF BILLS SIGNED BY THE GOVERNOR BY DHCS PROGRAM AREA**

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## ADMINISTRATION

AB 67            Dymally (Chapter 259)  
**STATE AND LOCAL AGENCIES: BILINGUAL SERVICES**

AB 67, sponsored by the State Personnel Board, standardizes and defines language in the Dymally-Alatorre Bilingual Services Act; clarifying the State Personnel Board's (SPB) responsibility to establish bilingual fluency standard; and expands SPB's ability to grant exemptions to the language survey and implementation plan.

## FISCAL INTERMEDIARY & CONTRACTS

AB 383            Tran (Chapter 494)  
**MEDI-CAL: ORTHODONTIC SERVICES**

AB 383, sponsored by the California Dental Association and Dental Policy Advisory Group, adds Section 14132.23 to the Welfare and Institutions Code requiring the active and retentive phases of orthodontic treatment to be reimbursed on a quarterly basis as determined by dividing the sum of the authorized treatment allowances by the estimated number of three-month periods that the patient's treatment requires, subject to DHCS utilization controls.

## LEGAL SERVICES

AB 1298           Jones (Chapter 699)  
**PERSONAL INFORMATION: DISCLOSURE**

AB 1298, sponsored by the author, expands California privacy law protections to:

- 1) Amend the State Confidentiality of Medical Information Act to apply to all businesses which maintain and transmit medical information to consumers and providers of health care.
- 2) Add two new categories of "medical information" and "health insurance information" to the data elements that invokes a security breach notification when personal information is suspected to have been acquired by an unauthorized individual.
- 3) Clarify that the State's security freeze law, which permits an individual to place a hold or "freeze" on his or her credit report, does not apply to information in the credit report that the credit reporting agency lawfully obtained from an open public record.

# LEGISLATIVE AND GOVERNMENTAL AFFAIRS

AB 203      Committee on Budget (Chapter 188)  
**HEALTH BUDGET TRAILER BILL**

AB 203, sponsored by the Committee on Budget, implements the provisions of the State budget for fiscal year 2007-2008, as it pertains to programs administered by DHCS, California Department of Public Health (CDPH), Department of Mental Health (DMH), Department of Developmental Services (DDS), and the Managed Risk Medical Insurance Board (MRMIB). This bill amends provider number references in order to implement National Provider Identifier as the single identifier for healthcare providers who utilize HIPAA-covered electronic transactions; provides for the California Discount Prescription Drug Program fund's continuous appropriation; makes technical changes to the adult day health care moratorium statutes; extends DHCS's ability to collect a quality assurance fee and maintain the facility specific rate methodology established by AB 1629 (Chapter 875, Statutes of 2004) for an additional year; requires the Secretary of the California Health and Human Services Agency to verify that DDS and DHCS have established protocols between the departments, regional centers and health care plans participating in the Medi-Cal Program who will be providing services including health, dental, and vision care, to people with developmental disabilities transitioning from Agnews Developmental Center; allows consumers transitioning from Agnews Developmental Center into Alameda, San Mateo, and Santa Clara counties, under specified conditions, to receive their care through enrollment in a Medi-Cal managed care health plan and adds provisions for DHCS to reimburse the defined health plans for the reasonable cost of administrative services and the net reasonable cost of direct patient care services and supplies set forth in the contract between the health plans and DHCS; authorizes the development, via a two year pilot project in Los Angeles and Sacramento Counties, of a Personalized Provider Directory which would be sent to Medi-Cal Managed Care enrollees, eligible applicants, and/or potential enrollees and specifies the pilot shall be implemented to extent it is budget neutral to DHCS; moves the authority for the negotiation of County Organized Health Systems (COHS) contracts from the California Medical Assistance Commission (CMAC) to DHCS and provides for public disclosure of contract and rate information; establishes in statute the programmatic rules for the establishment and maintenance of the contract lists of enteral nutrition products, incontinence supplies and medical supplies; requires DHCS, by June 30, 2008, to initiate the process to select and enter into exclusive or nonexclusive contracts, on a bid or negotiated basis, for purchasing hearing aid appliances; allows DHCS to use AMP when establishing reimbursement to pharmacy providers for drugs dispensed to Medi-Cal beneficiaries and requires DHCS to increase the allowed dispensing fee within 30-days of the implementation of the AMP-based selling price; amends existing law to limit recovery of the director's lien from an injured beneficiary's action or claim, to conform to the *Arkansas Department of Health and Human Services v Ahlborn* court case; extends the life of the HIV/AIDS-related medication

therapy management pilot project by six months (from January 1, 2008 to June 30, 2008) and adds a provision that would allow the department to seek FFP for the pilot program if it determines that the medication therapy management services offered improve health outcomes and are cost-effective; specifies the manner in which capitation rates will be developed and paid to Medi-Cal Managed Care plans under the Medi-Cal Managed Care program and requires DHCS to report, upon request, to the fiscal and policy committees of the respective houses of the Legislature regarding implementation; extends the sunset date for the ICF/DD-CN Pilot Project from January 1, 2008 to January 1, 2010; requires DHCS to implement provisions as a result of a court order issued by the San Francisco Superior Court, in the case entitled Conlan v. Shewry; **and** requires the CMAC and DHCS to report to the Legislature regarding Medi-Cal Managed Care reimbursement rates negotiated under the GMC model (with respect to Section 90 of this trailer bill) concerning the use of health plan specific encounter and claims data, and the application of actuarial methods.

## **MEDI-CAL BENEFITS, WAIVERS, ANALYSIS & RATES**

### **AB 3                      Bass (Chapter 376) PHYSICIAN ASSISTANTS**

AB 3, sponsored by the California Academy of Physician Assistants, creates the California Team Practice Improvement Act to revise guidelines and protocols governing the practice of physician assistants (PA). Among other provisions, AB 3 will:

- 1) Require supervising physicians or surgeons to review, countersign, and date a sample of, at a minimum, 5 percent of the medical records of patients treated by the PA. Existing regulations currently require the supervising physician to review, countersign, and date a minimum of 10 percent of the medical records.
- 2) Allow PAs to issue a drug order for Schedule II through Schedule V and requires that the Schedule II drug orders be reviewed, countersigned, and dated by the supervising physician or surgeon within seven days.
- 3) Increase the number of PAs a physician or surgeon can supervise from 2 to 4, except as provided in specified emergency situations.
- 4) Establish PA services as a Medi-Cal benefit to the extent authorized by federal law and subject to utilization control.
- 5) Prohibit DHCS from imposing more stringent requirements for chart review, countersignature, or other conditions of coverage or payment on a supervising physician or surgeon.

### **AB 315                  Berg (Chapter 264) INTEGRATED HEALTH AND HUMAN SERVICES PROGRAMS**

AB 315, sponsored by the Humboldt County Board of Supervisors and the Mendocino County Board of Supervisors, repeals the sunset date on



authorization for county demonstration programs to fund and deliver services and benefits through an integrated and comprehensive county health and human services system.

AB 329      Nakanishi (Chapter 386)  
**CHRONIC DISEASES: TELEMEDICINE**

AB 329, sponsored by the Medical Board of California (Board), authorizes the Board to establish a pilot program to expand the practice of telemedicine and authorizes the Board to convene a working group to implement the pilot program. The bill specifies that the purpose of the pilot program shall be to develop methods, using a telemedicine model, of delivering health care to those with chronic diseases and delivering other health information. The Board is required to make recommendations regarding its findings to the Legislature within one calendar year of the commencement date of the pilot program.

AB 1224      Hernandez (Chapter 507)  
**OPTOMETRISTS: TELEMEDICINE**

AB 1224, sponsored by the California Optometric Association, authorizes licensed optometrists to engage in the practice of telemedicine and defines “collaborating ophthalmologist” for purposes of participation in treating open angle glaucoma.

AB 1410      Feuer (Chapter 676)  
**TRAUMATIC BRAIN INJURY**

AB 1410, sponsored by Protection and Advocacy, Inc. (PAI), requires DHCS to develop a home and community-based services waiver to serve at least 100 Medi-Cal eligible adults with traumatic brain injury, or submit a state plan amendment to serve this population. The bill utilizes FFP and state monies only to the extent they are made available, and only to the extent the waiver meets federal cost neutrality requirements.

SB 94      Kuehl (Chapter 636)  
**MEDI-CAL: REIMBURSEMENT RATES**

SB 94, sponsored by Planned Parenthood Affiliates, requires DHCS to augment the reimbursement rates for eight specified office visit codes billed by the Family PACT program and the Medi-Cal program for family planning services to the equivalent of the weighted average of at least 80 percent of the federal Medicare reimbursement rate for the same or similar service. The new rates will be updated by adopting emergency regulation or via provider bulletin as specified in the bill. The increase is effective for services on or after January 1, 2008.

SB 238      Aanestad (Chapter 638)  
**MEDI-CAL: BILLABLE VISITS**

SB 238, sponsored by the California Dental Association and the California Dental Hygienists Association, expands the definition of a billable visit to allow a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) to bill the Medi-Cal program for each face-to-face visit by a patient to a dental hygienist or a dental hygienist in alternative practice (DHAP). Currently, only visits to dentists are reimbursed on a per-visit basis; services provide by a dental hygienist or a DHAP are already included in the all-inclusive prospective payment system (PPS) rate and not billed separately on a per-visit basis. This bill requires FQHCs or RHCs that choose to bill separately for hygienists services, to apply to DHCS for an adjustment to their PPS rate.

SB 370      Kuehl (Chapter 300)  
**MEDI-CAL: ORGAN AND BONE MARROW TRANSPLANTS**

SB 370, sponsored by the author, specifies the conditions wherein donor and recipient organ transplant surgeries are covered benefits under the Medi-Cal program. The bill authorizes DHCS to establish standards as to both the circumstance and the criteria that DHCS will use for approving facilities and personnel for organ transplants eligible for receiving reimbursement under the Medi-Cal program. The bill also clarifies that transplant surgeries are covered under the Medi-Cal program when the transplant is provided to a beneficiary “who is eligible for full-scope benefits.” Further, the bill makes transplant surgeries subject to utilization controls and exempts the utilization controls and standards established by DHCS from the Administrative Procedures Act.

## **MEDI-CAL ELIGIBILITY**

AB 12      Beall (Chapter 677)  
**THE ADULT HEALTH COVERAGE EXPANSION PROGRAM: SANTA CLARA COUNTY**

AB 12, sponsored by Working Partnerships, USA, gives the County of Santa Clara the option of implementing an Adult Health Coverage Expansion pilot program. The pilot program will be administered by the county and will provide health care coverage to uninsured working adults in Santa Clara County.

AB 381      Galgianai (Chapter 265)  
**MEDI-CAL: PROVIDER REIMBURSEMENT**

AB 381, sponsored by the California Hospital Association, allows DHCS to develop an automated Health Insurance Portability and Accountability Act (HIPAA)-compliant system that enables a provider to access a Medi-Cal beneficiary’s benefits identification card for the purpose of submitting a reimbursement request. In addition, AB 381 ends all current exemptions to

the prohibition of using the social security number to claim for services once DHCS establishes the automated HIPAA-compliant system.

## **MEDI-CAL MANAGED CARE**

AB 417      Blakeslee (Chapter 266)  
**REGIONAL HEALTH AUTHORITY: SANTA BARBARA AND SAN LUIS OBISPO COUNTIES**

AB 417, sponsored by the County of Santa Barbara and San Luis Obispo and the Santa Barbara Regional Health Authority, expands Medi-Cal managed care under the existing County Organized Health System (COHS) in Santa Barbara (SB) County to include the county of San Luis Obispo (SLO). It changes the name of the Santa Barbara Regional Health Authority (SBRHA) to the Santa Barbara San Luis Obispo Regional Health Authority (SBSLORHA) and revises the membership of the Board of Directors to provide representation from both SB and SLO Counties. The bill also allows the SLO Board of Supervisors to authorize the provision of medical services by the SBSLORHA within SLO County. Current Medi-Cal fee-for-service (FFS) beneficiaries in SLO will become members of this new, two-county COHS.

AB 910      Karnette (Chapter 617)  
**DISABLED PERSONS: SUPPORT AND HEALTH CARE COVERAGE**

AB 910, sponsored by United Disabled for Economic Security, expands the definition of individuals protected under current law that prohibits health care service plans and health insurers from terminating coverage of a dependent child who reaches the limiting age, if the child meets two criteria: (1) is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness, or condition, and (2) is chiefly dependent upon the subscriber for support and maintenance.

AB 915      Hernandez (Chapter 500)  
**MEDI-CAL MANAGED CARE**

AB 915, sponsored by LA Care Health Plan, requires DHCS, in the absence of countervailing considerations and to the extent permitted by federal law, to approve non-monetary incentives offered by Medi-Cal managed care contractors to its Medi-Cal enrollees to promote good health practices. The bill also requires DHCS to develop and publish written guidelines for the appropriate use of these incentives.

AB 1324      DeLa Torre (Chapter 702)  
**HEALTH CARE COVERAGE: TREATMENT AUTHORIZATION**

AB 1324, sponsored by the California Medical Association, clarifies provisions in law that a health care service plan or health insurer that authorizes a

specific type of treatment by a health care provider cannot rescind or modify an authorization for a specific type of treatment for any reason after the provider renders the services in good faith and pursuant to the authorization for the services.

AB 1512      Torrico (Chapter 467)  
**MEDI-CAL: FOSTER CHILDREN**

AB 1512, sponsored by the Public Interest Law Firm of the Law Foundation of Silicon Valley, requires county child welfare agencies, probation departments, and foster care givers to determine within one day of an out-of-county placement of a foster child from a County Organized Health System (COHS) county, whether that child should be disenrolled from the county's COHS health plan. The bill further requires DHCS to disenroll the foster child from the COHS within two days of receiving such a request from one of these authorized sources. The bill also requires DHCS, in consultation with other agencies and organizations, to develop procedures for the urgent disenrollment of foster children from COHS plans no later than January 1, 2009.

## **PRIMARY & RURAL HEALTH**

AB 194      Committee on Budget (Chapter 489)  
**BUDGET ACT OF 2007**

AB 194, sponsored by the author, an urgency measure, amends and supplements the Budget Act of 2007 by shifting \$2 million in Proposition 99 funds to the Expanded Access to Primary Care (EAPC) Program. This bill, together with AB 195, ensures the EAPC Program maintain a constant level of funding as stated in the Governor's veto message of the Budget Act of 2007.

AB 195      Committee on Budget (Chapter 261)  
**HEALTH CARE: EXPANDED ACCESS TO PRIMARY CARE PROGRAM**

AB 195, sponsored by the author, an urgency bill, reduces revenues to the Major Risk Medical Insurance Program (MRMIP) by \$10 million in Proposition 99 Funds and shifts these funds to the Expanded Access to Primary Care (EAPC) program in order to maintain the baseline level of funding for the EAPC program in fiscal year (FY) 2007-2008. This fund shift is intended to be one-time only.

## PROVIDER ENROLLMENT

AB 1226 Hayashi (Chapter 693)  
**MEDI-CAL: PROVIDER ENROLLMENT**

AB 1226, sponsored by the California Medical Association, amends current law to require DHCS to develop a short-form application, and review applications from individual physicians as sole proprietors and physician groups owned by individual physicians within 90 days instead of 180 days. In addition, enrolled physicians who change business locations within the same county would be eligible to submit a “change of location form,” also to be processed within 90 days. This bill also changes DHCS requirements to notify applicants of receipt of an application, including the change of location form, from 30 days to 15 days.

AB 1750 Committee on Health (Chapter 577)  
**HEALTH**

AB 1750, sponsored by the California Health and Human Services Agency, contains technical clean-up provisions related to various provisions of public health law. Section 15 of AB 1750 amends Health and Safety Code 124595 to authorize the American Indian Health Policy Panel (AIHPP) to provide advice regarding the level of resources, priorities, criteria, and guidelines for improving the health status of American Indians in California to both DHCS and CDPH. Section 15 also updates the name of one of the AIHPP’s nominating bodies from the Western Indian Network to the California Consortium for Urban Indian Health. Sections 1 and 19 require providers to comply with the federal False Claims Act employee training and policy requirements contained in Section 1902(a) of the Social Security Act. Other provisions of AB 1750 renumber a provision of the Department of Drug and Alcohol Programs’ statute, authorize continued receipt of Proposition 99 Tobacco Tax funding by counties eligible to participate in the County Medical Services Program, and authorize the Managed Risk Medical Insurance Board to maintain confidentiality in its rates and contracting strategy to protect its ability to contract for health care products.

## SAFETY NET FINANCING

AB 752 Dymally (Chapter 544)  
**HOSPITAL FUNDING**

AB 752, sponsored by the California Association of Public Hospitals and Health Systems, extends, and makes certain changes to, the distribution methodology of stabilization funding to designated public hospitals for services provided during the 2007-08, 2008-09, and 2009-10 project years under the Medi-Cal Hospital/Uninsured Care Demonstration Project Act.

AB 1642      Hancock (Chapter 418)  
**MEDI-CAL: NONCONTRACT HOSPITALS**

AB 1642, sponsored by Kaiser Permanente, amends section 14103.5 of the Welfare and Institutions Code to allow a non-contract hospital in a closed Health Facility Planning Area to receive Medi-Cal reimbursement when the hospital is a facility location of a nonprofit hospital that is an affiliate of a nonprofit health care service plan, and meets specific California Children Services (CCS) program requirements. CCS is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases.

SB 350      Runner (Chapter 347)  
**HOSPITALS: DISCOUNT PAYMENT AND CHARITY CARE POLICIES**

SB 350, sponsored by the CA Association of Debt Collectors, amends current law to make technical and clarifying changes involving collection activities associated with a hospital's charity care and discount payment policy and specifies that the use of information collected by a hospital, collection agency, or assignee is independent of the eligibility process.

SB 474      Kuehl (Chapter 518)  
**MEDI-CAL: HOSPITAL DEMONSTRATION PROJECT FUNDING**

SB 474, sponsored by the author, modifies statutory provisions governing the Medi-Cal Hospital Financing Waiver. SB 474 creates the South Los Angeles Medical Services Preservation Fund. \$100 million of safety net care pool funds will be deposited per year into this fund for patient care and funding needs created by the recent closure of the Martin Luther King Harbor hospital. SB 474 also establishes a minimum amount of \$15.3 million to be made for payments to distressed hospitals and requires the County of Los Angeles to make intergovernmental transfers to the state to fund the nonfederal share of increased Medi-Cal payments to those private hospitals that serve the South Los Angeles population formerly served by MLK-Harbor Hospital, for the 2007-08, 2008-09, and 2009-10 project years

## **SYSTEMS OF CARE**

AB 342      Saldana (Chapter 12)  
**PUPIL HEALTH: INDIVIDUALS WITH EXCEPTIONAL NEEDS**

AB 342, sponsored by the California School Nurse Organization, reinstates public health nurses to the group of qualified providers authorized to serve children receiving specialized physical health care services during the school day and to supervise unlicensed assistive personnel in the administration of these services under specified conditions.

## THIRD-PARTY LIABILITY & RECOVERY

AB 341

Spitzer (Chapter 159)

### **ESTATES AND TRUSTS: CREDITOR'S CLAIMS**

AB 341, sponsored by the CA State Bar, adds a requirement that a trustee notify the state Director of DHCS of the death of the spouse of a deceased trust settlor who received Medi-Cal benefits and revises the rate of interest to be paid on a public entity's claim against a distributee of trust property. This bill also defines "creditor" and replaces "claimant" with "creditor," clarifies how notice is to be given to creditors of a decedent's estate, specifies the effect of various provisions on limitations of actions, revises the procedure for giving notice to a creditor of a trust and lengthens the time for a trust creditor to file a claim, and revises provisions regarding the filing of late claims by trust creditors.

AB 361

Ma (Chapter 105)

### **DECEDENTS' ESTATES: CREDITOR CLAIMS**

AB 361, sponsored by the Franchise Tax Board, requires the general personal representative or estate attorney to give the Franchise Tax Board (FTB) notice of the administration of the estate not later than 90 days after the date letters of administration are first issued.

## 2007 ENROLLED BILLS

BILL NUMBER	AUTHOR	FINAL STATUS	CHAPTER	PROGRAM*	PAGE NUMBER
AB 3	Bass	Sign	376	MB	3
AB 8	Nunez	Veto		ME	---
AB 12	Beall	Sign	677	ME	5
AB 67	Dymally	Sign	259	AD	1
AB 194	Committee on Budget	Sign	489	RH	7
AB 195	Committee on Budget	Sign	261	RH	7
AB 203	Committee on Budget	Sign	188	LA	2
AB 315	Berg	Sign	264	MB	3
AB 329	Nakanishi	Sign	386	MB	4
AB 341	Spitzer	Sign	159	TR	10
AB 342	Saldana	Sign	12	SC	9
AB 343	Solorio	Veto		ME	---
AB 361	Ma	Sign	105	TR	10
AB 381	Galgiani	Sign	265	ME	5
AB 383	Tran	Sign	494	FC	1
AB 417	Blakeslee	Sign	266	MC	6
AB 752	Dymally	Sign	544	SF	8
AB 910	Karnette	Sign	617	MC	6
AB 915	Hernandez	Sign	500	MC	6
AB 1113	Brownley	Veto		ME	---
AB 1135	Strickland	Veto		LG	---
AB 1224	Hernandez	Sign	507	MB	4
AB 1226	Hayashi	Sign	693	PE	8
AB 1298	Jones	Sign	699	LG	1
AB 1324	De La Torre	Sign	702	MC	7
AB 1410	Feuer	Sign	676	MB	4
AB 1429	Evans	Veto		MC	---
AB 1512	Torrico	Sign	467	MC	7
AB 1642	Hancock	Sign	418	SF	9
AB 1750	Committee on Health	Sign	577	PE	8
SB 93	Corbett	Veto		TR	---
SB 94	Kuehl	Sign	636	MB	4
SB 137	Torlakson	Veto		SC	---
SB 238	Aanestad	Sign	638	MB	5
SB 260	Steinberg	Veto		MB	---
SB 320	Alquist	Veto		HP	---
SB 350	Runner	Sign	347	SF	9
SB 370	Kuehl	Sign	300	MB	5
SB 474	Kuehl	Sign	518	SF	9

\*See Program Assignments and Acronyms on Next Page.



## PROGRAM ASSIGNMENTS AND ACRONYMS

PROGRAM	CODE
Administration	AD
Audits and Investigation	AI
Budget Office	BO
Civil Rights, Office of	CR
Clinical Preventive Medicine, Office of	CP
Fiscal Intermediary & Contracts	FC
HIPAA Compliance	HP
Fiscal Forecasting	FF
Information Technology	IT
Legislative and Governmental Affairs, Office of	LA
Legal Services	LG
Long-Term Care	LT
Medi-Cal Benefits, Waivers, Analysis and Rates	MB
Medi-Cal Eligibility	ME
Medi-Cal Managed Care	MC
Pharmacy Benefits	PB
Primary & Rural Health	RH
Provider Enrollment	PE
Public Affairs, Office of	PA
Safety Net Financing	SF
Systems of Care	SC
Third Party Liability & Recovery	TR
Utilization Management	UM
Women's Health, Office of	WH

